Pa	rt I General Information					
1	Name of organization	a Account of management	Employer identification number			
	CINDY CHAVEZ - OFFICE HOLDE	R ACCOUNT COMMITTEE	77 0471420			
2	2 Mailing address (P.O. Box or number, street, and room or suite number)					
	25 SOUTH MARKET STREET, SUITE 1160					
	SAN SUSE, CA 95113					
3	E-mail address of organization					
•	ASH @ PIRAYOULAW, COM					
4a	Name of custodian of records 4b Custodian's address					
		125 SOUTH MARKET STREET, SHITE 1160, SAN JOSE, CA 95113				
	ASH PIRAYOW					
	1					
5 a	Name of contact person	5b Contact person's address				
	_	125 SOUTH MARKET STREET	SUITE 1160, SAN TOSE, CA 95113			
	ASH PIRAYOU	,	,			
		<u> </u>				
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number						
	City or town, state, and ZIP code					
Dэ	rt II Purpose					
7	Describe the purpose of the organization					
	POLITICAL COMMITTEE CRONN	OF AND OPERATED FOR T	HE PARPINE OF			
!	rounted committee crown	CED MAD CLERKINGS TON I	THE TRIVIAGE OF			
	ACCEPTING CONTRIBUTIONS ANS	MAKING PENDITURES	TO INFLHENCE			
		(IM FINO III IN DIT AIR DIT	! <i>/</i>			
	THE ELECTION OF CINDY CH	AVEZ TO THE SAN TOSE	CITY COUNCIL			
		.:				
	AND ALLOW CINDY CHAVEZ	DO DISCHARGE OFFICIAL	DUTIES AS			
	mass					
	A CITY LOUNCIL MEMBER					
	,,,,					
Pai	t III List of All Related Entities (see ins	tructions)				
8a	Name of related entity 8b Relations	nip 8c Address				
	/ ! A					
	N (A					
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		OGDI	EN, UT			
For P	aperwork Reduction Act Notice, see page 4.	Cat. No. 30405V	Form 8871 (7-2000)			

Part IV	List of All Officers,		empensated Employees (see instructions)	
9a Name		9b Title	9c Address	
CINDY CHAVEZ OFFICE HOLDER		OFFICE HOLDER	125 SOUTH MARKET STREET, SUITE 1160, SAN TOSE	
ASH	Pirayon	TREASU RER	125 SOUTH MARKET STREET, SWITE 1160, SAN JUSE,	
Sign	Under penalties of perjury, I declare that the organization named in Part 1 is to be treated as an organization described in section 527 of the Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and it is true, correct, and complete. Signature of authorized official			
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